

2217

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 50634
Registered No. 140

PLACE OF BIRTH

County Gila State Arizona
Township _____ of Village _____
City Miami No. 21 Live Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Full name of child Appelie S. Ausere { If child is not yet named, make supplemental report, as directed

Sex male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth June 6, 1917
5. Number, in order of birth _____ Full term _____ mate? _____ (month, day, year)

FATHER
Full name Jose Perez Ausere
Residence (usual place of abode) Miami, Ariz.
(If nonresident, give place and State)
Color or race Cauc. 12. Age at last birthday 39 (Years)
Birthplace (city or place) Navasa
(State or country) Spain
4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
5. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining
6. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

MOTHER
Full maiden name Josephina Sanchez
19. Residence (usual place of abode) Miami, Ariz.
(If nonresident, give place and State)
20. Color or race Cauc. 21. Age at last birthday 28 (Years)
22. Birthplace (city or place) Navasa
(State or country) Spain
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

Number of children of this mother time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____
If stillborn, period of gestation _____ (months or weeks) 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated
(Born alive or stillborn)
When there was no attending physician or midwife, then the father, householder, or _____ should make this return.
name added from _____ 115-6000-129
supplemental report. _____ (Date of)
(Signed) Cyril M. Crow _____ M.D.
or _____ Midwife
Address _____
Filed June 25, 1917 C. E. Urrain Registrar.